



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

APPLICATION TO TRANSFER OR ADD AN EMPLOYER

FEE: \$57.00

**** IMPORTANT ****

Only Class III Gaming Employees and Licensed Public Card Room Employees with ACTIVE certifications or licenses may use this form. If your certification or license has expired do not use this form, call the above phone numbers.

**** INSTRUCTIONS ****

- A. Class III gaming employees, use this form when you change employment from one tribal employer to another tribal employer, or from a tribal employer to a licensed card room employer.
- B. Licensed card room employees, use this form to add another employer, to transfer from one licensed card room to another, or to transfer from a licensed card room employer to a Tribal gaming employer.
- C. License upgrades: licensed card room employees, use this form to upgrade from a Class A to a Class B card room employee.
- D. If you will be working at a Class III facility **and** a Licensed Card Room, you must hold both a certificate and a license.
- E. If you cease employment at either site, you must surrender either the certificate or license, whichever is applicable.
- F. Tribal Gaming Employees: This application must be signed by your new employer and submitted to the Gambling Commission *at least five (5) days prior* to your date of new employment.
- G. Licenses and / or Certifications provided as a result of this transfer application are not effective until officially issued by the Gambling Commission.

(Mark ☒ appropriate boxes.)

TYPE OF APPLICATION

- ☐ Transfer to another Tribal Employer (69)
- ☐ Transfer to a Licensed Card Room (68) (Mark ☒ type of Card Room Employee.)
 - ☐ Class B Employee ☐ Class A Employee to Class A Employee
 - Position Title: _____ (See Page 2 Common Titles.)
- ☐ Adding an Additional Employer (Mark ☒ type of employer.)
 - ☐ Licensed Card Room (68) ☐ Tribal Employer (69)
- ☐ Upgrading from Class A Card Room Employee to Class B Card Room Employee

1. Name of Applicant: _____
Last First MI Social Security Number

Address: _____

City State Zip County Telephone

2. Current Licensed Card Room or Tribal Employer: _____ Position Title: _____
(See Page 2)

Address: _____

City State Zip County Telephone

3. NEW or ADDED Employer: _____ Position Title: _____
(Circle One) (See Page 2)

Address: _____

City State Zip County Telephone

Val#: _____ 211- _____ Amount: \$ _____ Date: _____
AGENCY USE ONLY

4. Effective Date of Employment: ____/____/____ Will you be working both places? ☐ Yes ☐ No ☐ N/A

5. During the past twelve (12) months, have you: (Mark ☒ all that apply.)

- | | | | |
|---------------------------------------|--|------------------------------------|--|
| (a) changed employers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (e) been jailed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) been charged with a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (f) been convicted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) been arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (g) been placed on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) been through a diversion program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (h) forfeited bail or paid a fine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If you answered yes to any of these questions, provide a statement of explanation and attach it to this application.)

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to RCW 42.17, the Public Records Act, and other Washington laws. The Commission, per WAC 230-04-020 (4) may disclose, to the public, or discuss, at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me (except as declared in **Section 5** above), I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310.

Signature: _____ Date: _____
First, Middle, Last

AUTHORIZATION

I hereby authorize the applicant to submit this application. The applicant has been accepted for employment.

Signature of Employer: _____ Title: _____
First, Middle, Last

TRIBAL AUTHORIZATION

I hereby authorize the applicant to submit this application. The applicant has been accepted for employment as a Class III Tribal gaming employee and has requested the issuance of tribal certification.

Signature of Employer: _____ Date: _____
First, Middle, Last

WAIVER FOR TRIBAL MEMBERS / NATIVE AMERICANS ONLY

I agree to submit to state certification to the extent necessary to determine qualification to hold such certification, including all necessary administrative procedures, hearings and appeals pursuant to RCW 9.46, WAC 230-50, and the State Administrative Procedures Act, RCW 34.05. I further waive any immunity, defense, or other objection that I might have in allowing the Washington State Gambling Commission to exercise their authority pursuant to the provisions of the Tribal-State Compact for Class III Gaming.

Signature of Tribal Member / Native American: _____ Date: _____

INFORMATION REGARDING COMMON TITLES

The following are titles commonly used in licensed card rooms. These titles are important because they identify Class B Card Room employee positions conforming to WAC 230-02-415.

The positions are:

- | | | |
|--|--|--|
| • Chief Executive / Operating Officer, | • Shift Supervisor / Pit Boss, | • Dealers (House Banked Games), |
| • Accounting Manager, | • Gaming Operations Floor Supervisor, | • Count Room Personnel, |
| • Gaming Operations Manager, | • Security Supervisor, | • Security Personnel, |
| • Security Manager, | • Surveillance Supervisor, | • Surveillance Personnel, |
| • Surveillance Manager, | • Count Room Supervisor, | • Poker Room Manager, and |
| • Accounting Supervisor, | • Accounting Personnel (Anyone in the Cage), | • Custodian for any Player Supported Jackpots. |
| • Gaming Operations Supervisor, | | |